

NATIONAL UNIVERSITY OF MEDICAL SCIENCES
FORM FOR RECOGNITION OF EXPERIENCE

Website: www.numspak.edu.pk Email: registrar@numspak.edu.pk Tel: 051-9273590

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PMC Registration No

The Registrar
National University of Medical Sciences
C/O Military Hospital
Rawalpindi Cantt.

Please paste
one
Photograph
and then get it
attested by the
person
specified
overleaf

Subject: **RECOGNITION OF EXPERIENCE**

Dear Sir,

I am enclosing experience certificates as per detail given below for recognition. Kindly issue recognition of experience certificate. (For Post : _____)

Sr. No.	Detail of Experience				
	Designation	Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Duration (DD/MM/YYYY)	Name of Institute
Total					

Sr. No.	Detail of Articles is attached as Annex- A	
	Total Articles	

Signature _____

Name _____

Designation _____

Address _____

Contact No. _____

Email: _____

Instructions:

- a. The experience certificates enclosed with this form for recognition must contain the details of nature and name of job, period of job (day, month and year) in addition to name of doctor.
- b. Applications with incomplete or deficient information shall not be processed.
- c. Application forms not accompanied by publications as required by PMC shall not be processed.
- d. Only original and relevant articles published in HEC/PMC/NUMS approved journals shall be counted.
- e. Permission letter for articles published in journals other than PAFMJ shall be provided by the applicant (Military faculty only).

Checklist:

1.	The form (pre-page) dully filled-in and signed by the applicant	Yes/ No
2.	Two attested passport size photograph	Yes/ No
3.	One attested copy of each experience certificate	Yes/ No
4.	One attested copy of each postgraduate degree	Yes/ No
5.	One attested copy of training certificate/testimonials	Yes/ No
6.	One attested copy of faculty registration certificate (screen short from PMC Website)	Yes/ No
7.	Photo copy of the valid registration certificate	Yes/ No
8.	Qualification/Degree is endorsed on PMC registration certificate (Clinical subjects only)	Yes/ No
9.	Appointment Letter (Civil faculty), copy of Casualty Return (CR) (Military faculty)	Yes/ No
10.	Copies of publications attached list as per given format Annex- A.	Yes/ No
11.	Teaching Experience Certificate/ clinical experience certificate issued by AFGMI, Rwp (Mil Faculty only)	Yes/ No
12.	Teaching Experience certificate issued by principal of Constituent and affiliated colleges of NUMS.	Yes/ No
13.	College/Institute Experience certificate is as per appointment letter of faculty.	Yes/ No
14.	Recommendations of the College/Institute scrutiny committee	Yes/ No
15.	Approval of DMS-1 (Military faculty of UG & PG programs)	Yes/ No
16.	Teaching Experience certificate processing fee of Rs. 3,000/- through Bank Draft / Pay Order in favour of NUMS (Civil faculty only)	Yes/ No

National University of Medical Sciences

Research Paper Summary for Teaching Experience

Annex-A

Applicant
Designation
Institute/College

_____ PMDC Registration _____
 _____ Specialization/Subject _____

Sr. No	Journal Name	ISSN No	HEC Category	Date of Publication (DD/MM/YYYY)	Research Paper Title	Subject/Field	Volume	Issue	Page No	DOI Link	Remarks
1.											
2.											
3.											
4.											
5.											
6.											

Note: HEC Journal Recognition System (HJRS) is a relative threshold-based system developed by HEC for Universities, Faculty, Researchers & Students that assigns W, X and Y categories to Journals, Journal Authentication can be checked on HJRS website: <https://hjrs.hec.gov.pk> . Directorate of Inspection will only consider HEC approved journals for Teacher Experience.

Applicant (Name/Signature)

Head of Department (Name/Signature)
